



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
Alexandria, Virginia 22313-1450
 or **Fax** (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEI: ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)
 23490 7590 08/19/2003

JOHN G TOLOMEI, PATENT DEPARTMENT
UOP LLC
25 EAST ALGONQUIN ROAD
P O BOX 5017
DES PLAINES, IL 60017-5017

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Rose A. Lubich	(Depositor's name)
<i>Rose A. Lubich</i>	(Signature)
November 19, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/011334	12/03/2001	James P. McGhee	106388	5407

TITLE OF INVENTION: PROCESS AND APPARATUS FOR COOLING POLYMER IN A REACTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	11/19/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
ACQUAH, SAMUEL A	1711	528-503000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **JOHN G. TOLOMEI**
 2 **JAMES C. PASCHALL**
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

UOP LLC

DES PLAINES, ILLINOIS

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *James C. Paschall* (Date) **November 19, 2003**

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

11/20/2003 AMONDAF2 00000013 10011334

01 FC:1501

1330.00 OP

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 08/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



UOP LLC
25 E. Algonquin Road
P.O. Box 5017
Des Plaines, IL 60017-5017
Phone: 847-391-2040
Fax: 847-391-2387

facsimile transmittal

To:	CUSTOMER SERVICE CENTER	Fax:	703-746-4000
Dept:	OFFICE OF PATENT PUBLICATIONS	Phone:	703-305-8283
From:	ROSE LUBICH, Patent Dept.	Date:	11/19/03
Phone:	847-391-2040	Fax:	847-391-2387
Serial Number:	10/011,334	Examiner:	SAMUEL A. ACQUAH
Allowance Date:	8/19/03	Art Unit:	1711
Issue Fee Date:	11/19/03	Confirm.No.:	5407
Attachments:	1. PART B - ISSUE FEE TRANSMITTAL; 2. FEE TRANSMITTAL FOR FY 2004; 3. CREDIT CARD FORM PTO-2038.		
	Pages:	4 including this page.	

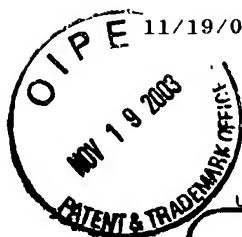
PLEASE PROCESS THIS ISSUE FEE PAYMENT**NOTICE OF CONFIDENTIALITY**

The information contained in and transmitted with this facsimile is

1. Confidential
 2. Subject to the attorney-client privilege; and/or
 3. Attorney work product
- and is protected from disclosure by law.

This facsimile and the information contained therein are only for the use of the individual or entity designated above. If the reader of this message is not the individual or entity designated above, or an authorized agent thereof, you are hereby notified that you have received this facsimile in error; any dissemination, distribution, copying, use of, reliance upon, or other disclosure of this facsimile or the information contained therein by or to anyone other than the individual or entity designated above by the sender is unauthorized and strictly prohibited. If you have received this facsimile in error, please immediately notify the UOP Patent Department by telephone at (847)391-2019 and return all of the facsimile to the sender by mail. You may call collect and postage will be reimbursed upon request. Thank you for your cooperation.





PTO/S 3/17 (10-03)

Approved for use through 07/31/2006. OMI: 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**1330****Complete if Known**

Application Number	10/011,334
Filing Date	December 3, 2001
First Named Inventor	James F. McGehee
Examiner Name	Samuel A. Acquah
Art Unit	1711
Attorney Docket No.	106388

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit card		
<input type="checkbox"/> Deposit Account:	<input type="checkbox"/> Money Order		
Deposit Account Number	<input type="checkbox"/> Other		
Deposit Account Name	<input type="checkbox"/> None		
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION		3. ADDITIONAL FEES	
1. BASIC FILING FEE		Large Entity - Small Entity	
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			0
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	\$18	
Multiple Dependent	-3** =	\$86	
Large Entity - Small Entity			
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			0
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify) 1814 Statutory disclaimer (\$110)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		1330	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	James C. Paschall	Registration No. (Attorney/Agent)	36,887
Signature	<i>James C. Paschall</i>	Telephone	847 391-2355
		Date	Nov. 19, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.